

PART B - FEE(S) TRANSMITTAL

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22907 7590 03/24/2010

BANNER & WITCOFF, LTD.
 1100 13th STREET, N.W.
 SUITE 1200
 WASHINGTON, DC 20005-4051

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/561,969	04/10/2006	Kwai Ming Cheung	010180.00047	1639

TITLE OF INVENTION: SUBSTITUTED 5-MEMBERED RING COMPOUNDS AND THEIR USE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	06/24/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHU, YONG LIANG	1626	514-359000

1. Change of correspondence address or indication of "Free Address" (37 CFR 1.565).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Banner & Witcoff, Ltd.
 2
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY) 1) United Kingdom;

1) Verastile (Cambridge) Limited; 2) Cancer Research Technology Ltd.; and 2) United Kingdom;

3) Institute of Cancer Research 3) United Kingdom

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

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☐ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-0733 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Susan A. Wolfe

Date

4/13/10

Typed or printed name Susan A. Wolfe

Registration No. 33,568

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